

## HIP PAIN, MOBILITY DEFICITS, OSTEOARTHRITIS: CLINICAL PRACTICE GUIDELINES REVISION 2017

### Key Clinical Findings of Hip Pain and Mobility Deficits—Hip OA

- Moderate anterior or lateral hip pain during weight-bearing activities
- Morning stiffness less than 1 hour in duration after wakening
- · Hip IR ROM less than 24°
- IR and hip flexion 15° less than the nonpainful side
- Increased hip pain associated with passive hip IR
- Absence of history, activity limitations, and/or impairments inconsistent with hip OA

# Measures to Assess Level of Functioning, Presence of Associated Physical Impairments to Address With Treatment, and Response to Treatment\*

## Activity/Participation Measures (A)

- LEFS
- WOMAC
- BPI
- H00S
- HHS
- Pain VAS
- Berg Balance Scale
- Timed up-and-go test
- Stair measure
- Self-paced walk test
- 4-square step test
- Step test
- Timed single-leg stance
- 30-second chair stand
- 6-minute walk test

## **Impairment Measures**

- FABER test (A)
- Scour test (A)
- Hip flexion ROM (A)
- Hip IR ROM (A)
- Hip ER ROM (A)
- Hip extension ROM (A)
- Hip abduction/gluteus medius strength and motor control (A)
- Hip extension/gluteus maximus strength and motor control (A)
- Pain at rest: current level of pain (0-10, 0 best) (F)
- Pain at best: lowest level of pain in recent 24 hours (0-10, 0 best) (F)
- Pain at worst: highest level of pain in recent 24 hours (0-10, 0 best) (F)
- Pain frequency: percent of time in pain in recent 24 hours (0%-100% of time, 0% best) (F)

Figure continues on page 2.

FIGURE. Hip pain and mobility deficits—hip osteoarthritis examination/intervention guidelines decision-making model. \*Letters in parentheses reflect the grade of evidence on which the recommendation for each item is based: (A) strong evidence; (B) moderate evidence; (C) weak evidence; (D) conflicting evidence; (E) theoretical/foundational evidence; (F) expert opinion.



## Hip Pain, Mobility Deficits, Osteoarthritis: Clinical Practice Guidelines Revision 2017

#### Interventions

Note: Interventions should be tailored to address the specific hip OA-related impairments and limitations identified on examination.

#### Flexibility, Strengthening, and Endurance Exercises (A)

- Dosage: 1 to 5 times per week over 6 to 12 weeks for mild to moderate hip OA
- Hip capsule, fascia, and muscle stretching, including extension, flexion, IR, ER, abduction, and horizontal adduction, with attention to hip flexors and ERs
- · Strengthening of hip abductors, ERs, extensors

#### Manual Therapy (A)

- Soft tissue mobilization of areas of soft tissue restriction, such as iliacus, hip ERs, posterior gluteus medius, quadratus femoris, and gluteus maximus
- Joint mobilizations to improve identified restrictions in joint mobility, such as hip distraction mobilizations, posterior glides, anterior glides, and distraction mobilizations with movement

## Functional, Gait, and Balance Training (C)

- Balance, functional, and gait training to address identified limitations
- Proper use of assistive devices (canes, crutches, walkers)
- · Individualized exercise prescription based on patient values, needs, and activities

## Patient Education Combined With Exercise (B)

- Address weight-bearing activity modification as appropriate
- Provide exercises to address identified impairments and to support weight reduction as appropriate
- Discuss unloading the arthritic joints as appropriate

#### Weight Loss (C)

· Refer and collaborate as needed to physicians, nutritionists, or dietitians to support weight management plan

#### Modalities (B)

• Ultrasound may be used in addition to exercise for short-term pain and activity limitation management for up to 2 weeks

#### Revise Diagnosis, Change Plan of Care, or Refer to Appropriate Clinicians

• When the patient's symptoms do not diminish after targeted interventions within expected time frame, as identified in the tailored treatment plan

FIGURE (CONTINUED). Hip pain and mobility deficits—hip osteoarthritis examination/intervention guidelines decision-making model.



Cibulka MT, Bloom NJ, Enseki KR, et al. Hip pain and mobility deficits—hip osteoarthritis: revision 2017: clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopaedic Section of the American Physical Therapy Association. *J Orthop Sports Phys Ther*. 2017;47:A1-A37. https://doi.org/10.2519/jospt.2017.0301

©2017 Orthopaedic Section, American Physical Therapy Association (APTA), Inc, and the Journal of Orthopaedic & Sports Physical Therapy®.